Housing Services

Housing Navigation, Support and Sustaining Services

Information
Housing Navigation, Support and Sustaining Services
Housing Navigation, Support and Sustaining Services Provision of one-to-one case management and/or educational services to prepare an Enrollee for stable, long-term housing (e.g., identifying housing preferences and developing a housing support plan), and to support an Enrollee in maintaining stable, long-term housing (e.g., development of independent living skills, ongoing monitoring and updating of housing support plan). Activities may include: **Housing Navigation and Support** Assisting the Enrollee to identify housing preferences and needs. Connecting the Enrollee to social services to help with finding housing necessary to support meeting medical care needs. Assisting the Enrollee to select adequate housing and complete a housing application, including by: Obtaining necessary personal documentation required for housing applications or programs; Supporting with background checks and other required paperwork associated with a housing application Assisting the Enrollee to develop a housing support and crisis plan to support living independently in their own home. Assisting the Enrollee to develop a housing stability plan and support the follow through and achievement of the goals defined in the plan. Assisting to complete reasonable accommodation requests. Identifying vendor(s) for and coordinating housing inspection, housing move-in, remediation and accessibility services. Assisting with budgeting and providing financial counseling for housing/living expenses (including coordination of payment for first month's rent and short-term post hospitalization rental payments). Providing financial literacy education and on budget basics and locating community based consumer credit counseling bureaus Coordinating other Pilot housing-related services, including: Coordinating transportation for Enrollees to housing-related services necessary to obtain housing (e.g. apartment/home visits).
 Coordinating the Enrollee's move into stable housing including by assisting with the following: Logistics of the move (e.g., arranging for moving company or truck rental); Utility set-up and reinstatement;

- Obtaining furniture/commodities to support stable housing
- Referral to legal support to address needs related to finding and maintaining stable housing.

Tenancy Sustaining Services

- Assisting the Enrollee in revising housing support/crisis plan.
- Assisting the Enrollee to develop a housing stability plan and support the follow through and achievement of the goals defined in the plan, including assistance applying to related programs to ensure safe and stable housing (e.g., Social Security Income and weatherization programs), or assuring assistance is received from the Enrollee's Medicaid Care Manager.
- Assisting the Enrollee with completing additional or new reasonable accommodation requests.
- Supporting the Enrollee in the development of independent living skills.
- Connecting the Enrollee to education/training on tenants' and landlords' role, rights and responsibilities.
- Assisting the Enrollee in reducing risk of eviction with conflict resolution skills.
- Coordinating other Pilot housing-related services, including:
 - Assisting the Enrollee to complete annual or interim housing re-certifications.
 - Coordinating transportation for Enrollees to housingrelated services necessary to sustain housing.
 - Referral to legal support to address needs related to finding and maintaining stable housing.

Activities listed above may occur without the Pilot Enrollee present. For homeless Enrollees, all services must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.

The HSO has the option to partner with other organizations to ensure it is able to provide all activities described as part of this service. If desired by the HSO, the Network Lead can facilitate partnerships of this kind.

Inspection for Housing Safety and Quality

Category	Information
Service	Inspection for Housing Safety and Quality
Name	
Service Description	A housing safety and quality inspection by a certified professional includes assessment of potential home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Inspections may assess the habitability and/or environmental safety of an Enrollee's current or future dwelling. Inspections may include: Inspection of building interior and living spaces for the following: Adequate space for individual/family moving in; Suitable indoor air quality and ventilation; Adequate and safe water supply; Sanitary facilities, including kitchen, bathroom and living spaces Adequate electricity and thermal environment (e.g. window condition) and absence of electrical hazards; Potential lead exposure; Conditions that may affect health (e.g. presence of chemical irritants, dust, mold, pests); Conditions that may affect safety. Inspection of building exterior and neighborhood for the following: Suitable neighborhood safety and building security; Condition of building foundation and exterior, including building accessibility; and, Condition of equipment for heating, cooling/ventilation and plumbing.
	Inspector must communicate inspection findings to the care or case manager working with the Enrollee to ensure referrals to appropriate organizations for additional home remediation and/or modifications, if necessary.
	This service can cover Housing Quality Standards (HQS) inspections upon move-in to a new residence, or other inspections to identify sub-standard housing that impacts an Enrollee's health and safety.
	This service covers failed inspections and re-inspections.
	Each housing inspection does not need to include all activities listed in this service description. Service providers should only execute the necessary components of a housing safety and quality inspection as required based on an Enrollee's circumstances. Costs for services provided must be commensurate with a vendor's scope of activities.

Housing Move-In Support

Category	Information
Service Name	Housing Move-In Support
Service	Housing move-in support services are non-recurring set-up expenses.
Description	Allowable expenses include but are not limited to the following:
	 Moving expenses required to occupy and utilize the housing (e.g., moving service to transport an individual's belongings from current location to new housing/apartment unit, delivery of furniture, etc.) Discrete goods to support an Enrollee's transition to stable housing as part of this service. These may include, for example: Essential furnishings (e.g., mattresses and beds, dressers, dining table and chairs); Bedding (e.g., sheets, pillowcases and pillows); Basic kitchen utensils and dishes; Bathroom supplies (e.g., shower curtains and towels); Cribs; Cleaning supplies. This service shall not cover used mattresses, cloth, upholstered furniture, or other used goods that may pose a health risk to Enrollees.

Essential Utility Set-Up

Category	Information
Service Name	Essential Utility Set-Up
Service	The Essential Utility Set Up service is a non-recurring payment to:
Description	Provide non-refundable, utility set-up costs for utilities essential for habitable housing.
	 Resolve arrears related to unpaid utility bills and cover non-refundable utility set-up costs to restart the service if it has been discontinued in a Pilot Enrollee's home, putting the individual at risk of homelessness or otherwise adversely impacting their health (e.g., in cases when medication must be stored in a refrigerator). This service may be used in association with essential home utilities that have
	been discontinued (e.g., initial payments to activate heating, electricity, water, and gas).

Home Remediation Services

Category	Information
Service Name	Home Remediation Services
Service	Evidence-based home remediation services are coordinated and furnished to
Description	eliminate known home-based health and safety risks to ensure living
	environment is not adversely affecting occupants' health and safety. Home
	remediation services may include for example pest eradication, carpet or
	mold removal, installation of washable curtains or synthetic blinds to prevent
	allergens, or lead abatement.

Home Accessibility and Safety Modifications

Category	Information
Service Name	Home Accessibility and Safety Modifications
Service	Evidence-based home accessibility and safety modifications are coordinated
Description	and furnished to eliminate known home-based health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Home accessibility modifications are adjustments to homes that need to be made in order to allow for Enrollee mobility, enable independent and safe living and accommodate medical equipment and supplies. Home modifications should improve the accessibility and safety of housing (e.g., installation of entrance ramps, hand-held shower controls, non-slip surfaces, grab bars in bathtubs, installation of locks and/or other security measures, and reparation of cracks in floor).

Healthy Home Goods

Category	Information
Service Name	Healthy Home Goods
Service	Healthy-related home goods are furnished to eliminate known home-based
Description	health and safety risks to ensure living environment is not adversely affecting occupants' health and safety. Home-related goods that may be covered include, for example, discrete items related to reducing environmental triggers in the home (e.g., a "Breathe Easy at Home Kit" with EPA-vacuum, air filter, green cleaning supplies, hypoallergenic mattress or pillow covers and non-toxic pest control supplies). Healthy Home Goods do not alter the physical structure of an Enrollee's housing unit.

One-Time Payment for Security Deposit and First Month's Rent

Category	Information
Service Name	One-Time Payment for Security Deposit and First Month's Rent
Service	Provision of a one-time payment for an Enrollee's security deposit and first
Description	month's rent to secure affordable and safe housing that meet's the Enrollee's needs. All units that Enrollees move into through this Pilot service must: Pass a Housing Quality Standards (HQS) inspection Meet fair market rent and reasonableness check Meet a debarment check
	For homeless Enrollees, all services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.

Short-Term Post Hospitalization Housing

Category	Information
Service Name	Short-Term Post Hospitalization Housing
Service Description	Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual's imminent homelessness at discharge from inpatient hospitalization. Housing should provide Enrollees with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed and will be limited to housing in a private or shared housing unit. Short-Term Post Hospitalization Housing setting should promote independent living and transition to a permanent housing solution. Services may not be provided in a congregate setting, as defined by the Department.
	 Allowable units for short-term post-hospitalization housing must provide the following for Enrollees: Access to a clean, healthy environment that allows Enrollees to perform activities of daily living; Access to a private or semi-private, independent room with a personal bed for the entire day; Ability to receive onsite or easily accessible medical and case management services, as needed.
	Coordination of this service should begin prior to hospital discharge by a medical professional or care team member. The referral to Short-Term Post Hospitalization Housing should come from a member of the individual's care team.
	For homeless Enrollees, all services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness.

IPV Case Management Services

Category	Information
Service Name	IPV Case Management Services
Service Description	 IPV Case Management Services This service covers a set of activities that aim to support an individual in addressing sequelae of an abusive relationship. These activities may include: Ongoing safety planning/management Assistance with transition-related needs, including activities such as obtaining a new phone number, updating mailing addresses, school arrangements to minimize disruption of school schedule Linkages to child care and after-school programs and community engagement activities Linkages to community-based social service and mental health agencies with IPV experience, including trauma-informed mental health services for family members affected by domestic violence, including witnessing domestic violence Referral to legal support to address needs such as obtaining orders of protection, negotiating child custody agreements, or removing legal barriers to obtaining new housing (excluding legal representation) Referral to and provision of domestic violence shelter or emergency shelter, if safe and appropriate permanent housing is not immediately available, or, in lieu of shelter, activities to ensure safety in own home Coordination with a housing service provider if additional expertise is required Coordination of transportation for the Enrollee that is necessary to meet the goals of the IPV Case Management service Informal or peer counseling and advocacy related to Enrollees' needs and concerns. These may include accompanying the recipient to appointments, providing support during periods of anxiety or emotional distress, or encouraging constructive parenting activities and self-care. Activities listed above may occur without the Pilot Enrollee present. The HSO has the option to partner with other organizations to ensure it is able to provide all activities described as part of this service. If desired by the HSO, the
	Network Lead can facilitate partnerships of this kind.

Violence Intervention Services

Category	Information
Service Name	Violence Intervention Services
Service	This service covers the delivery of services to support individuals who are at risk
Description	for being involved in community violence (i.e., violence that does not occur in a family context). Individuals may be identified based on being the victim of a previous act of crime, membership in a group of peers who are at risk, or based on other criteria. Once identified, Peer Support Specialists and case managers provide:
	 Individualized psychosocial education related to de-escalation skills and alternative approaches to conflict resolution Linkages to housing, food, education, employment opportunities, and after-school programs and community engagement activities.
	Peer Support Specialists are expected to conduct regular outreach to their mentees, to maintain situational awareness of their mentees' milieu, and to travel to conflict scenes where their mentees may be involved in order to provide in-person de-escalation support. Activities listed above may occur without the Pilot Enrollee present.
	The service should be informed by an evidence-based program such as (but not limited to) Cure Violence.

Evidence-Based Parenting Curriculum

Note: North Carolina has priced one approved curriculum, and will finalize a full list of allowable curricula and associated prices after selection of Pilot regions.

Category	Information
Service Name	Evidence-Based Parenting Classes
Service	Evidence-based parenting curricula are meant to provide:
Description	Group and one-on-one instruction from a trained facilitator
	Written and audiovisual materials to support learning
	Additional services to promote attendance and focus during classes
	Evidence-based parenting classes are offered to families that may be at risk of disruption due to parental stress or difficulty coping with parenting challenges, or child behavioral or health issues. These services are also appropriate for newly reunited families following foster care/out of home placement or parental incarceration. This service description outlines one approved curriculum: Incredible Years (Parent) – Preschool/School.
	This service should be delivered in a trauma-informed, developmentally
	appropriate, and culturally relevant manner.

Home Visiting Services

Note: North Carolina has priced one approved curriculum, and will finalize a full list of allowable curricula and associated prices after selection of Pilot regions.

Category	Information
Service Name	Home Visiting Services
Service	Home Visiting services are meant to provide:
Description	One-one observation, instruction and support from a trained case
	manager who may be a licensed clinician
	Written and/or audiovisual materials to support learning
	Evidence-based home visiting services are offered to families that may be at risk of disruption due to parental stress or difficulty coping with parenting challenges, or child behavioral or health issues. These services are also appropriate for newly reunited families following foster care/out of home placement or parental incarceration. This service description outlines one approved curriculum: Parents As Teachers.
	This service should be delivered in a trauma-informed, developmentally
	appropriate, and culturally relevant manner.

Dyadic Therapy Services

Category	Information
Service Name	Dyadic Therapy Services
Service Name Dyadic Therapy Services Service This service covers the delivery of dy at risk for or with an attachment disc mood disorder, an obsessive-comput disorder, or as a diagnostic tool to as This service only covers therapy provent enrolled child to address the parent' challenges that are negatively contrius a group-based therapy. Sessions are the child/adolescent. Treatments are principles (for example, trauma-focula appropriate, the Pilot enrolled child Medicaid-covered behavioral health complement to this Pilot service. This service aims to support families	This service covers the delivery of dyadic therapy to benefit a child/adolescent at risk for or with an attachment disorder, a behavioral or conduct disorder, a mood disorder, an obsessive-compulsive disorder, post-traumatic stress disorder, or as a diagnostic tool to assess for the presence of these disorders. This service only covers therapy provided to the parent or caregiver of a Pilot enrolled child to address the parent's or caregiver's behavioral health challenges that are negatively contributing to the child's well-being. This is not a group-based therapy. Sessions are limited to the parent(s) or caregiver(s) of the child/adolescent. Treatments are based on evidence-based therapeutic principles (for example, trauma-focused cognitive-behavioral therapy). When
	This service aims to support families in addressing the sequelae of adverse childhood experiences and toxic stress that may contribute to adverse health

Food and Nutrition Access Case Management Services

Category	Information
Service Name	Food and Nutrition Access Case Management Services
Service Name Service Description	Provision of one-on-one case management and/or educational services to assist an Enrollee in addressing food insecurity. Activities may include: • Assisting an individual in accessing school meals or summer lunch programs, including but not limited to: ○ Helping to identify programs for which the individual is eligible ○ Helping to fill out and track applications ○ Working with child's school guidance counselor or other staff to arrange services • Assisting an individual in accessing other community-based food and nutrition resources, such as food pantries, farmers market voucher programs, cooking classes, Child and Adult Care Food programs, or other, including but not limited to: ○ Helping to identify resources that are accessible and appropriate for the individual ○ Accompanying individual to community sites to ensure resources are accessed • Advising Enrollee on transportation-related barriers to accessing
	It is the Department's expectation that Medicaid Care Managers will assist all eligible individuals to enroll in SNAP and WIC and secure their enrollment through existing SNAP and WIC assistance resources. Food and Nutrition Access Case Managers will address more complex and specialized needs. However, if under exceptional circumstances a Food and Nutrition Access Case Manager identifies an individual for whom all other forms of assistance have been ineffective, they are permitted to assist the individual with completing enrollment, including activities such as addressing documentation challenges or contacting staff at a local SNAP or WIC agency to resolve issues, or otherwise.

Evidence-Based Group Nutrition Class

Category	Information
Service Name	Evidence-Based Group Nutrition Class
Service	This service covers the provision of an evidence-based or evidence-informed
Description	nutrition related course to a group of individuals. The purpose of the course is
	to provide hands-on, interactive lessons to Enrollees, on topics including but
	not limited to:
	 Increasing fruit and vegetable consumption
	Preparing healthy, balanced meals
	Growing food in a garden
	 Stretching food dollars and maximizing food resources
	Facilitators may choose from evidence-based curricula, such as:
	 Cooking Matters (for Kids, Teens, Adults)¹
	 A Taste of African Heritage (for Kids, Adults)²
	For curricula not outlined above, an organization must follow an evidence-
	based curricula that is approved by the Department, in consultation with the
	Network Lead and PHPs.

re information on Cooking Matters available at: http://cookingmatters.org/node/2215

² More information on A Taste Of African Heritage available at: https://oldwayspt.org/programs/african-heritage- health/atoah-community-cooking-classes

Diabetes Prevention Program

Category	Information
Service Name	Diabetes Prevention Program
Service	Provision of the CDC-recognized "Diabetes Prevention Program" (DPP), which is
Description	a healthy living course delivered to a group of individuals by a trained lifestyle coach designed to prevent or delay type 2 diabetes. The program focuses on healthy eating and physical activity for those with prediabetes.
	The program must comply with CDC Diabetes Prevention Program Standards
	and Operating Procedures. ³

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 $^{^{\}rm 3}$ CDC Diabetes Prevention Program Standards and Operating Procedures, available at: https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf

Fruit and Vegetable Prescription

Category	Information
Service Name	Fruit and Vegetable Prescription
Service	Food voucher to be used by an Enrollee with a diet or nutrition-related
Description	chronic illness to purchase fruits and vegetables from a participating food
	retailer. Participating food retailers must sell an adequate supply of WIC-
	eligible fruits and vegetables (i.e., fresh, frozen, canned without any added
	fats, salt, or sugar). Food retailers may include but are not limited to:
	Grocery stores
	Farmers markets
	Mobile markets
	Community-supported agriculture (CSA) programs
	Corner stores
	A voucher transaction may be facilitated manually or electronically,
	depending on the most appropriate method for a given food retail setting.
	The cost associated with coordinating the provision of services are included.

Healthy Food Box (For Pick-Up)

Category	Information
Service Name	Healthy Food Box (For Pick-Up)
Service	A healthy food box for pick-up consists of an assortment of nutritious foods
Description	provided to an Enrollee in a community setting, aimed at promoting improved
	nutrition for the service recipient. It is designed to supplement the daily food
	needs for food-insecure individuals with diet or nutrition-related chronic
	illness. This service does not constitute a full nutritional regimen (three meals
	per day per person).
	Healthy food boxes should be furnished using a client choice model when
	possible and should be provided alongside nutrition education materials
	related to topics including but not limited to healthy eating and cooking
	instructions.

Healthy Food Box (Delivered)

Category	Information
Service Name	Healthy Food Box (Home Delivered)
Service	A healthy food box for delivery consists of an assortment of nutritious foods
Description	that is delivered to an Enrollee's home, aimed at promoting improved nutrition for the service recipient. It is designed to supplement the daily food needs for food-insecure individuals with diet or nutrition-related chronic illness. This service does not constitute a full nutritional regimen (three meals per day per person).
	Healthy food boxes should be provided alongside nutrition education materials related to topics including but not limited to healthy eating and cooking instructions.

Healthy Meal (For Pick-Up)

Category	Information
Service Name	Healthy Meal (For Pick-Up)
Service Description	A healthy meal for pick-up consists of a frozen or shelf stable meal that is provided to an Enrollee in a community setting, aimed at promoting improved nutrition for the service recipient. This service includes preparation and
	dissemination of the meal. Meals must provide at least one-third of the recommended Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, and adhere to the current Dietary Guidelines for Americans, issued by the Secretaries of the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. Meals may be tailored to meet cultural preferences and specific medical needs. This service does not constitute a full nutritional regimen (three meals per day per person).

⁴ Dietary Reference Intakes available at: https://www.nal.usda.gov/fnic/dietary-reference-intakes.

⁵ Most recent version of the Dietary Guidelines for Americans is available at: https://health.gov/dietaryguidelines/2015/guidelines/.

Healthy Meal (Home Delivered)

Category	Information
Service Name	Healthy Meal (Home Delivered)
Service	A healthy, home-delivered meal consists of a hot, cold, or frozen meal that is
Description	delivered to an Enrollee's home, aimed at promoting improved nutrition for the
	service recipient. This service includes preparation and delivery of the meal.
	Meals must provide at least one-third of the recommended Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, and adhere to the current Dietary Guidelines for Americans, issued by the Secretaries of the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. Meals may be tailored to meet cultural preferences and specific medical needs. This service does not constitute a full nutritional regimen (three meals per day per person).

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⁶ Dietary Reference Intakes available at: https://www.nal.usda.gov/fnic/dietary-reference-intakes.

⁷ Most recent version of the Dietary Guidelines for Americans is available at: https://health.gov/dietaryguidelines/2015/guidelines/.

Medically Tailored Home Delivered Meal

Category	Information
Service Name	Medically Tailored Home Delivered Meal
Service Description	Home delivered meal which is medically tailored for a specific disease or condition. This service includes an initial evaluation with a Registered Dietitian Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) to assess and develop a medically-appropriate nutrition care plan, the preparation and delivery of the prescribed nutrition care regimen, and regular reassessment at least once every 3 months.
	Meals must be in accordance with nutritional guidelines established by the National Food Is Medicine Coalition (FIMC) or other appropriate guidelines. Meals may be tailored to meet cultural preferences. For health conditions not outlined in the Food Is Medicine Coalition standards above, an organization must follow a widely recognized nutrition guideline approved by the Network Lead. This service does not constitute a full nutritional regimen (three meals per day per person).

⁸ FIMC standards available at:

 $https://static1.squarespace.com/static/580a7cb9e3df2806e84bb687/t/5ca66566e5e5f01ac91a9ab4/155440880\\6530/FIMC+Nutriton+Standards-Final.pdf.$

Transportation Services

Reimbursement for Health-Related Public Transportation

Category	Information
Service Name	Reimbursement for Health-Related Public Transportation
Service	Provision of health-related transportation for qualifying Pilot Enrollees
Description	through vouchers for public transportation.
	This service may be furnished to transport Pilot Enrollees to non-medical services that promote community engagement, health and well-being. The service may include transportation to locations indicated in an Enrollee's care plan that may include, for example: • Grocery stores/farmer's markets; • Job interview(s) and/or place of work; • Places for recreation related to health and wellness (e.g., public parks and/or gyms); • Group parenting classes/childcare locations; • Health and wellness-related educational events; • Places of worship, services and other meetings for community support; • Locations where other approved Pilot services are delivered. Pilot transportation services will not replace non-emergency medical transportation as required in Medicaid.

Reimbursement for Health-Related Private Transportation

Category	Information		
Service Name	Reimbursement for Health-Related Private Transportation		
Service	Provision of private health-related transportation for qualifying Pilot		
Description	Enrollees through one or more of the following services:		
	 Community transportation options (e.g., local organization that organizes and provides transportation on a volunteer or paid basis) Direct transportation by a professional, private or semi-private transportation vendor (e.g., shuttle bus company or privately operated wheelchair-accessible transport)⁹ Account credits for taxis or ridesharing mobile applications for transportation 		
	Private transportation services may be utilized in areas where public transportation is not an available and/or not an efficient option (e.g., in rural areas).		
	The following services may be deemed allowable, cost-effective alternatives to private transportation by a Pilot Enrollee's Prepaid Health Plan (PHP): ¹⁰ Repairs to an Enrollee's vehicle Reimbursement for gas mileage, in accordance with North Carolina's Non-Emergency Medical Transportation clinical policy ¹¹		
	This service may be furnished to transport Pilot Enrollees to non-medical services that promote community engagement, health and well-being. The service may include transportation to locations indicated in an Enrollee's care plan that may include, for example: • Grocery stores/farmer's markets; • Job interview(s) and/or place of work; • Places for recreation related to health and wellness (e.g. public parks and/or gyms); • Group parenting classes/childcare locations; • Health and wellness-related educational events; • Places of worship, services and other meetings for community support; • Locations where other approved Pilot services are delivered.		

⁹ An organization providing non-emergency medical transportation in North Carolina is permitted to provide this Pilot service. However, the organization will only receive reimbursement when an individual is transported in accordance with the Pilot service requirements, including that the service is furnished to transport Pilot Enrollees to non-medical services that promote community engagement, health and well-being.

¹⁰ Repairs to a Enrollee's vehicle and reimbursement for gas mileage may be particularly likely to be cost-effective alternatives in rural areas of North Carolina but may also applicable in other areas of the State with limited public transportation.

¹¹ Reimbursement for gas mileage must be in accordance with North Carolina's Non-Emergency Medical Transportation (NEMT) Policy, available at: https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NC/NC-18-011.pdf.

Pilot transportation services will not replace non-emergency medical
transportation as required in Medicaid.

Transportation PMPM Add-On for Case Management Services

Category	Information			
Service Name	Transportation PMPM Add-On for Case Management Services			
Service	Reimbursement for coordination and provision of transportation for Pilot			
Description	Enrollees provided by an organization delivering one or more of the following			
	case management services:			
	 Housing Navigation, Support and Sustaining Services 			
	IPV Case Management			
	Holistic High Intensity Enhanced Case Management			
	This service is for transportation needed to meet the goals of each of the case management services listed above. Transportation must be to and from			
	appointments related to identified case management goals. For example, an			
	organization providing Housing Navigation, Support and Sustaining Services			
	may transport an individual to potential housing sites. An organization			
	providing IPV case management may transport an individual to peer support groups and sessions.			
	Transportation will be managed or directly provided by a case manager or			
	other HSO staff member. Allowable forms of transportation include, for example:			
	Use of HSO-owned vehicle or contracted transportation vendor;			
	 Use of personal car by HSO case manager or other staff member; 			
	Vouchers for public transportation;			
	Account credits for taxis/ridesharing mobile applications for			
	transportation (in areas without access to public transportation.			
	Organizations that provide case management may elect to either receive this			
	PMPM add-on to cover their costs of providing and managing Enrollees'			
	transportation, or may use the "Reimbursement for Health-Related			
	Transportation" services—public or private—to receive reimbursement for			
	costs related to Enrollees' transportation (e.g., paying for an Enrollee's bus			
	voucher). Organizations will have the opportunity to opt in or out of the			
	PMPM add-on annually. Organizations that have opted in for the PMPM add-			
	on may not separately bill for "Reimbursement for Health-Related Transportation" services.			
	mansportation services.			

Cross-Domain Services

Holistic High Intensity Enhanced Case Management

Category	Information		
Service Name	Holistic High Intensity Enhanced Case Management		
Service Name Service Description	Provision of one-to-one case management and/or educational services to address co-occurring needs related to housing insecurity and interpersonal violence/toxic stress, and as needed transportation and food insecurities. Activities may include those outlined in the following three service definitions: • Housing Navigation, Support and Sustaining Services • Food and Nutrition Access Case Management Services • IPV Case Management Services Note that case management related to transportation needs are included in the services referenced above. Activities listed above may occur without the Pilot Enrollee present. The HSO has the option to partner with other organizations to ensure it is able to provide all activities described as part of this service. If desired by the		
	HSO, the Network Lead can facilitate partnerships of this kind.		

Medical Respite

Category	Information		
Service Name	Medical Respite Care		
Service Description	A short-term, specialized program focused on individuals who are homeless or imminently homeless, have recently been discharged from a hospital setting and require continuous access to medical care. Medical respite services include comprehensive residential care that provides the Enrollee the opportunity to rest in a stable setting while enabling access to hospital, medical, and social services that assist in completing their recuperation. Medical respite provides a stable setting and certain services for individuals who are too ill or frail to recover from a physical illness/injury while living in a place not suitable for human habitation, but are not ill enough to be in a hospital. Medical respite services should include, at a minimum:		
	Short-Term Post-Hospitalization Housing: Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual's imminent homelessness at discharge. Housing should provide Enrollees with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed and will be limited to housing in a private or shared housing unit. Short-Term Post Hospitalization Housing setting should promote independent living and transition to a permanent housing solution. Services may not be provided in a congregate setting, as defined by the Department. Allowable units for short-term post-hospitalization housing must provide the following for Enrollees:		
	 Access to a clean, healthy environment that allows Enrollees to perform activities of daily living; Access to a private or semi-private, independent room with a personal bed for the entire day; Ability to receive onsite or easily accessible medical and case management services, as needed. Coordination of this service should begin prior to hospital discharge by a medical professional or team member. The referral to medical respite should come from a member of the individual's care team. 		
	For homeless Enrollees, all services provided must align with a Housing First approach to increase access to housing, maximize housing stability and prevent returns to homelessness. Medically Tailored Meal (delivered to residential setting) Home delivered meal which is medically tailored for a specific disease or condition. This service includes an initial evaluation with a Registered Dietitian Nutritionist (RD/RDN) or Licensed Dietitian Nutritionist (LDN) to		

assess and develop a medically-appropriate nutrition care plan, as well as the preparation and delivery of the prescribed nutrition care regimen.

Meals must be in accordance with nutritional guidelines established by the National Food Is Medicine Coalition (FIMC) or other appropriate guidelines. ¹² Meals may be tailored to meet cultural preferences. For health conditions not outlined in the Food Is Medicine Coalition standards above, an organization must follow a widely recognized nutrition guideline approved by the Network Lead. This service does not constitute a full nutritional regimen (three meals per day per person).

Transportation Services

Provision of private/semi-private transportation services, reimbursement for public transportation and reimbursement for private transportation (e.g., taxis and ridesharing apps—only in areas where public transportation is unavailable) for the Enrollee receiving medical respite care to social services that promote community engagement, health and well-being. Refer to service definitions for Reimbursement for Health-Related Public Transportation and Reimbursement for Health-Related Private Transportation for further service description detail.

Medical respite program staff are required to check-in regularly with the individual's Medicaid Care Manager to coordinate physical, behavioral and social needs.

 $\frac{https://static1.squarespace.com/static/580a7cb9e3df2806e84bb687/t/5ca66566e5e5f01ac91a9ab4/155440880}{6530/FIMC+Nutriton+Standards-Final.pdf}.$

¹² FIMC Standards available at:

Linkages to Health-Related Legal Supports

Category	Information		
Service Name	Linkages to Health-Related Legal Supports		
	 Linkages to Health-Related Legal Supports This service will assist Enrollees with a specific matter with legal implications that influences their ability to secure and/or maintain healthy and safe housing and mitigate or eliminate exposure to interpersonal violence or toxic stress. This service may cover, for example: Assessing an Enrollee to identify legal issues that, if addressed, could help to secure or maintain healthy and safe housing and mitigate or eliminate exposure to interpersonal violence or toxic stress, including by reviewing information such as specific facts, documents (e.g., leases, notices, and letters), laws, and programmatic rules relevant to an Enrollee's current or potential legal problem; Helping Enrollees understand their legal rights related to maintaining healthy and safe housing and mitigating or eliminating exposure to interpersonal violence or toxic stress (e.g., explaining rights related to landlord/tenant disputes, explaining the purpose of an order of protection and the process for obtaining one); Identifying potential legal options, resources, tools and strategies that may help an Enrollee to secure or maintain healthy and safe housing and mitigate or eliminate exposure to interpersonal violence or toxic stress (e.g., providing self-advocacy instructions, removing a former partner's debts from credit rating); Providing advice to Enrollees about relevant laws and course(s) of action and, as appropriate, helping an Enrollee prepare "pro se" (without counsel) documents. This service is meant to address the needs of an individual who requires legal expertise, as opposed to the more general support that can be offered by a Care Manager, case manager or peer advocate. The Care Manager or case manager coordinating this service must clearly identify the scope of the authorized health-related legal support within the Enrollee's care plan. This service is limited to providing advice and counsel to Enrollee		
	creditor, or employer) or representing an Enrollee in litigation, administrative proceedings, or alternative dispute proceedings. After issues are identified and potential strategies reviewed with an Enrollee, the service provider is expected to connect the Enrollee to an organization or individual that can provide legal representation and/or additional legal support with non-Pilot resources.		

The Healthy Opportunities Pilots Fee Schedule originally posted in December, 2019 has been updated to reflect the most recent data on wages, inflation, employee related expenses and updates to rates for similar services offered by other Department programs. The Fee Schedule may continue to be updated in the future based on DHHS experience implementing the Pilots and any feedback from CMS.

Healthy Opportunities Pilots Fee Schedule			
Service Name	Unit Of Service/Payment	Rate or Cap	
Housing			
Housing Navigation, Support and Sustaining Services	PMPM	\$400.26	
Inspection for Housing Safety and Quality	Cost-Based Reimbursement Up to A Cap	Up to \$250 per inspection	
Housing Move-In Support	Cost-Based Reimbursement Up to A Cap	 1 BR: Up to \$900 per month 2 BR: Up to \$1,050 per month 3 BR: Up to \$1,150 per month 4 BR: Up to \$1,200 per month 5+ BR: Up to \$1,250 per month 	
Essential Utility Set-Up	Cost-Based Reimbursement Up to A Cap	 Up to \$500 for utility deposits Up to \$500 for reinstatement utility payment Up to \$500 for utility arrears 	
Home Remediation Services	Cost-Based Reimbursement Up to A Cap	Up to \$5,000 per year ¹³	
Home Accessibility and Safety Modifications	Cost-Based Reimbursement Up to A Cap	Up to \$10,000 per lifetime of waiver demonstration ¹⁴	
Healthy Home Goods	Cost-Based Reimbursement Up to A Cap	Up to \$2,500 per year	

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¹³ The HSO that coordinates the contractors to deliver the Home Remediation Service will receive \$125 per Home Remediation Service project that costs no more than \$1,250 and will receive \$250 per Home Remediation Service project that costs between \$1,250 and \$5,000.

¹⁴ The HSO that coordinates the contractors to deliver the Home Accessibility and Safety Modification will receive \$250 per Home Accessibility Modification project that costs no more than \$2,500 and will receive \$500 per Home Accessibility and Safety Modification project that costs between \$2,500 and \$10,000.

Healthy Opportunities Pilots Fee Schedule			
Service Name	Unit Of Service/Payment	Rate or Cap	
One-Time Payment for Security Deposit and First Month's Rent	Cost-Based Reimbursement Up to A Cap	 First month's rent: Up to 110% FMR¹⁵ (based on home size) Security deposit: Up to 110% FMR (based on home size) x2 	
Short-Term Post Hospitalization Housing	Cost-Based Reimbursement Up to A Cap	 First month's rent: Up to 110% FMR (based on home size) Security deposit: Up to 110% FMR (based on home size) x2 	
Interpersonal Violence / To	oxic Stress		
IPV Case Management Services	PMPM	\$221.96	
Violence Intervention Services	PMPM	\$168.94	
Evidence-Based Parenting Curriculum	One class	\$22.60	
Home Visiting Services	One home visit	\$67.89	
Dyadic Therapy	Per occurrence	\$68.25	
Food			
Food and Nutrition Access Case Management Services	15 minute interaction	\$13.27	
Evidence-Based Group Nutrition Class	One class	\$22.80	
Diabetes Prevention Program	 Four classes (first phase) Three classes (second phase)¹⁶ 	 Phase 1: \$275.83 Completion of 4 classes: \$27.38 Completion of 4 additional classes (8 total): \$54.77 Completion of 4 additional classes (12 total): \$68.46 Completion of 4 additional classes (16 total): \$125.22 Phase 2: \$103.44 Completion of 3 classes: \$31.02 Completion of 3 additional classes (6 total): \$72.42 	

¹⁵ Fair Market Rent (FMR) standards as established by the U.S. Department of Housing and Urban Development, available here: https://www.huduser.gov/portal/datasets/fmr.html#2022

¹⁶ The Centers for Disease Control and Prevention recognized Diabetes Prevention Program is offered in two phases, including a minimum of 16 classes in Phase 1 and 6 classes in Phase 2. The DPP program is payed for in allocations so HSOs that participate in the Pilot are able to receive pro-rated payments as enrollees complete four classes.

Healthy Opportunities Pilots Fee Schedule			
Service Name	Unit Of Service/Payment	Rate or Cap	
Fruit and Vegetable	Cost-Based	Up to \$210 per month ¹⁷	
Prescription	Reimbursement Up		
	to A Cap		
Healthy Food Box (For	One food box	• Small box: \$89.29	
Pick-Up)		• Large box: \$142.86	
Healthy Food Box	One food box	• Small box: \$96.79	
(Delivered)		• Large box: \$150.36	
Healthy Meal (For Pick-	One meal	\$7.00	
Up)			
Healthy Meal (Home	One meal	\$7.60	
Delivered)			
Medically Tailored Home	One meal	\$7.80	
Delivered Meal			
Transportation			
Reimbursement for	Cost-Based	Up to \$102 per month	
Health-Related Public	Reimbursement Up		
Transportation	to A Cap		
Reimbursement for	Cost-Based	Up to \$267 per month ¹⁸	
Health-Related Private	Reimbursement Up		
Transportation	to A Cap		
Transportation PMPM	PMPM	\$71.30	
Add-On for Case			
Management Services			
Cross-Domain			
Holistic High Intensity	PMPM	\$501.41	
Enhanced Case			
Management			
Medical Respite	Per diem	\$206.98	
Linkages to Health-	15 minute interaction	\$25.30	
Related Legal Supports			

¹⁷ The HSO that coordinates the Fruit and Vegetable Prescription service will receive \$5.25 per person served in a given month.

¹⁸ Repairs to a Pilot Enrollee's car may be deemed an allowable, cost-effective alternative to private transportation by the Enrollee's Prepaid Health Plan. Reimbursement for this service may not exceed six months of capped private transportation services.